



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
(SEE MAP FOR APPROPRIATE REGIONAL OFFICE)
**FORM B — APPLICATION FOR CONSTRUCTION OR
OPERATING PERMIT FOR FACILITIES WHICH
RECEIVE PRIMARILY DOMESTIC WASTE**
UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY

CHECK NUMBER

DATE RECEIVED

FEE SUBMITTED

NOTE ► PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

1.00 This application is for: ☐ Federal/State ☐ an operating permit renewal: permit # _____
☐ a construction permit ☐ Funded Project Expiration date: _____
☐ an operating permit for a new or unpermitted facility ☐ an operating permit modification
(See instructions for appropriate fee to be submitted with application) Reason: _____

2.00 FACILITY

NAME		PHONE	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP

2.10 LEGAL DESCRIPTION: $\frac{1}{4}$, $\frac{1}{4}$, $\frac{1}{4}$, Sec. , T R County

2.20 Is this a new facility constructed under a Missouri Construction Permit? ☐ YES ☐ NO
If yes, please provide Missouri Construction Permit Number: _____

2.30 Name of receiving stream(s) _____

3.00 OWNER

NAME		EMAIL ADDRESS		PHONE	
ADDRESS	CITY	STATE	ZIP		

3.10 Request review of draft permit prior to Public Notice? ☐ YES ☐ NO

4.00 CONTINUING AUTHORITY: permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.

NAME		PHONE	
ADDRESS	CITY	STATE	ZIP

5.00 OPERATOR

NAME	CERTIFICATE NUMBER	PHONE
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6.00 FACILITY CONTACT

NAME	TITLE	PHONE
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7.00 ADDITIONAL FACILITY INFORMATION

7.10 Description of facilities (attach additional sheet if required). Attach a 1" = 2000' scale USGS topographic map showing location of all outfalls.

7.15 Facility SIC code: _____; Discharge SIC code: _____

7.20 Number of separate discharge points _____

7.30 Number of persons presently connected or population equivalent _____ . Design P.E. _____

Number of units presently connected: Homes _____ Trailers _____
Apartments _____ Other _____

Design flow: _____ Actual flow: _____

7.40 Does any bypassing occur anywhere in the collection system or at the treatment facility?

☐ Yes ☐ No (If yes, attach explanation)

7.50 Is industrial waste discharged to the facility identified in item 2? ☐ Yes ☐ No (If yes, see instructions.)

7.60 Will the discharge be continuous through the year? ☐ Yes ☐ No

a. Discharge will occur during the following months: _____

b. How many days of the week will the discharge occur? _____

7.65 Is wastewater land applied? ☐ Yes ☐ No (If yes, attach Form I)

7.70 Will chlorine be added to the effluent? ☐ Yes ☐ No

a. If chlorine is added, what is the resulting residual? _____

7.80 Does this facility discharge to a losing stream or sinkhole? ☐ Yes ☐ No

7.85 Attach a flow chart showing all influents, treatment facilities and outfalls.

7.90 Has a waste load allocation study been completed for this facility? ☐ Yes ☐ No

7.95 List all permit violations, including effluent limit exceedances in the last 5 years. Attach a separate sheet if necessary.
If none, write none. _____

8.00 SLUDGE HANDLING, USE AND DISPOSAL

- 8.10** Is the sludge a hazardous waste as defined by 10 CSR 25? ☐ Yes ☐ No
- 8.20** Sludge Production, including sludge received from others: _____ Design Dry Tons/Year _____ Actual Dry Tons/Year
- 8.30** Capacity of sludge holding structures:
- 7.31 Sludge storage provided: _____ cubic feet; _____ days of storage
_____ average percent solids of sludge. ☐ No sludge storage is provided.
- 7.32 Type of storage: ☐ Holding tank ☐ Building
☐ Basin ☐ Other (describe) _____
☐ Concrete Pad _____
- 8.40** Sludge Treatment:
- ☐ Anaerobic Digester ☐ Lagoon ☐ Composting
☐ Storage Tank ☐ Aerobic Digester ☐ Other (attach description)
☐ Lime Stabilization ☐ Air or Heat Drying
- 8.50** Sludge Use or Disposal:
- ☐ Land Application ☐ Surface Disposal (Sludge Disposal Lagoon, Sludge held for more than 2 years)
☐ Contract Hauler ☐ Incineration
☐ Hauled to Another Treatment Facility ☐ Sludge Retained in Wastewater treatment lagoon
☐ Solid Waste Landfill _____ Attach explanation sheet.
- 8.60 PERSON RESPONSIBLE FOR HAULING SLUDGE TO DISPOSAL FACILITY**
- ☐ By Applicant ☐ By Others (complete below)

NAME			
ADDRESS	CITY	STATE	ZIP
CONTACT PERSON	PHONE	PERMIT NO. MO-	

8.70 SLUDGE USE OR DISPOSAL FACILITY

- ☐ By Applicant ☐ By Others (complete below)

NAME			
ADDRESS	CITY	STATE	ZIP
CONTACT PERSON	PHONE	PERMIT NO. MO-	

- 8.80** Does the sludge or biosolids disposal comply with federal sludge regulations under 40 CFR 503?
☐ Yes ☐ No (attach explanation)

9.00 DOWNSTREAM LANDOWNER(S). ATTACH ADDITIONAL SHEETS AS NECESSARY. SEE INSTRUCTIONS.

NAME			
ADDRESS	CITY	STATE	ZIP

10.00 DRINKING WATER SUPPLY INFORMATION**10.10 WHAT IS THE SOURCE OF YOUR DRINKING WATER SUPPLY:**

- A. Public supply (municipal or water district water) _____
If public, please give name of the public supply _____
- B. Private well _____
- C. Surface water (lake, pond, or stream) _____

- 10.20** Does your drinking water source serve at least 25 people at least 60 days per year (not necessarily consecutive days)?
☐ Yes ☐ No

- 10.30** Does your supply serve housing which is occupied year round by the same people? This does not include housing which is occupied seasonally. ☐ Yes ☐ No

- 11.00** I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)	PHONE NO. (AREA CODE & NO.)
SIGNATURE	DATE SIGNED

INSTRUCTIONS FOR COMPLETING FORM B
APPLICATION FOR CONSTRUCTION OR OPERATING PERMITS FOR
FACILITIES WHICH RECEIVE BASICALLY DOMESTIC WASTE

1.00 Check which permit type is applicable. DO NOT CHECK MORE THAN ONE ITEM.

Operating permit refers to permits issued by the Department of Natural Resources, Water Protection Program, Water Pollution Branch.

CONSTRUCTION PERMIT FEES (Please include fee with application.)

a. \$750 for a sewage treatment facility with a design flow of less than 500,000 gallons per day.

b. \$2,200 for a sewage treatment facility with a design flow of 500,000 gallons per day or more.

DOMESTIC OPERATING PERMIT FEES* (Annual operating permit fees are due each year on the anniversary date of the permit.)

Annual fee / Design flow	Annual fee / Design flow	Annual fee / Design flow
\$100 < 5,000	\$375 10,000 - 10,999 gpd	\$650 16,000 - 16,999 gpd
\$150 5,000 - 5,999 gpd	\$400 11,000 - 11,999 gpd	\$800 17,000 - 19,999 gpd
\$175 6,000 - 6,999 gpd	\$450 12,000 - 12,999 gpd	\$1,000 20,000 - 22,999 gpd
\$200 7,000 - 7,999 gpd	\$500 13,000 - 13,999 gpd	\$2,000 23,000 - 24,999 gpd
\$225 8,000 - 8,999 gpd	\$550 14,000 - 14,999 gpd	\$2,500 25,000 - 29,999 gpd
\$250 9,000 - 9,999 gpd	\$600 15,000 - 15,999 gpd	\$3,000 30,000 - 1 mgd
		\$3,500 > 1 mgd

Permit modifications, including transfers, are subject to the following fees:

A. Municipals - \$200 each

B. All others - 25% of annual fee

Note: Business name and address changes where owner, operator and continuing authority remain the same are not considered transfers.

2.00 Name of Facility - by what name is this facility locally known? Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Give the street address or location of the facility. If the facility lacks a street name or route number, give the names of the closest intersection, highway, country road, etc.

2.10 Point of discharge should be given in terms of the legal description of the waste treatment plant. Sufficient information should be submitted that it may be located by Department staff.

2.20 Construction permit refers to permits issued by the Department of Natural Resources, Water Protection Program, Water Pollution Branch.

2.30 Receiving stream(s) - the name of the stream(s) to which the discharge is directed and any subsequent tributary until a continuous flowing stream is reached.

3.00 Owner - legal name and address of the owner.

3.10 If checked "YES", the statutory timeframe for issuing a final action on the permit application shall begin on the date the applicant's preliminary review comments are received by the department.

4.00 Continuing Authority - permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.

5.00 Operator - name, certificate number and telephone number of the operator of the facility.

6.00 Give the name, title and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by the department if necessary.

7.10 Provide a brief description of the wastewater treatment facilities. Attach a 1" = 2000' scale USGS topographic map showing location of all outfalls. This type of map can be obtained from the Department of Natural Resources' Geological Survey & Resource Assessment Division in Rolla, Missouri, (573) 368-2125.

7.20 Include discharge points such as cooling water, sanitary waste, process waste, etc.

7.30 Indicate the total number of people presently served by the wastewater treatment facility. If this is a commercial establishment, indicate the number of employees and the number of guests or patrons served by the wastewater treatment facility.

7.40 Include overflows of combined sewers and lift stations or bypassing of the wastewater treatment facility. Provide a detailed description of the circumstances that sewage bypassing occurs and the frequency of occurrence.

7.50 Attach a list of industrial discharges into the system. For each industry, list: name of facility, address, flow and type of industry/SIC code.

7.60 - 7.65 Self-Explanatory

7.70 If chlorine is added, show the resulting residual in the discharge in mg/L.

7.80 - 6.95 Self-Explanatory

8.10 Copies of 10 CSR 25 are available from the Department of Natural Resources' Regional Offices.

8.20 - 8.70 Self-Explanatory

8.80 Please refer to University of Missouri Extension publications of Biosolids number WQ420 -426.

9.00 Provide the name and address of the first downstream landowner, different from that of the permitted facility, through whose property the discharge will flow.

10.00 - 10.30 Self-Explanatory

11.00 Signature - All applications must be signed as follows and the signatures must be **original**:

a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters;

b. For a partnership or sole proprietorship, by a general partner or the proprietor.

c. For a municipal, state, federal or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

This completed form, along with the applicable permit fees, should be returned to the appropriate Regional Office (see map). If there are any questions concerning this form, please contact the appropriate Regional Office or the Department of Natural Resources, Water Protection Program, Water Pollution Branch, NPDES Permits & Engineering Section at (573) 751-6825.